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## Original.

### THERAPEUTIC NOTES FROM THE INFLUENZA EPIDEMIC OF 1894-95.\*

By A. B. HIRSCH, M. D., Physician  
to Charity Hospital, Philadelphia.

I am well aware, gentlemen, of the extensive literature of the subject of this evening's discussion and have no desire to enter into hypothetical arguments as to the causation of the disease. Neither is it my intention to deal to-night in fanciful medication nor to extol any of the useless quasi-proprietary articles of which the, as a rule, unprincipled drug factories have aimed at our devoted heads such endless volleys. On the contrary, remembering the precept that we must "despise not the day of small things," it is my wish to detail here my experience with such tried remedies as are found in the pharmacopeia and apply this to any novel phases of the disease as were this year witnessed.

Treatment of a case resolves itself into that of the acute attack and that of any of the numerous sequelae and an average one presents this year features much as follows: After some days of lassitude with anorexia, there is felt sudden marked debility with, possibly, nausea, some dry cough and severe rheumatic pains in the head and spinal region, thence radiating throughout the extremities. If under treatment these improve, there are relapses at irregular intervals. The chief symptoms of the acute attack, then, are the debility, anorexia, racking dry cough and "grippe" pains. Recognizing, therefore, the rheumatic nature of this

winter's outbreak, the patients avoided exposure to atmospheric variations by remaining in bed, between blankets, and in a well ventilated, warmed room. (Pans of water or even the steam atomizer were used in the room to prevent dryness of the mucous membrane, thus giving great relief.)

As if to return to the practice of free emesis at the onset of acute disease, so much more common in the practice of several generations ago, all my cases did well generally and noted much relief from the abdominal pains in particular from calomel and soda in divided doses or a single full dose followed by salines. The liver engorgement, nausea, borborygmi, etc., all improved, and there was a corresponding favorable change in the cardiac action and, often, in the mental depression.

For any remaining tenderness below the ribs the wet pack, applied day and night, seemed grateful. A caution is, however, needed against wrapping the folded moistened towel or single sheet entirely around the trunk, is renewed muscular (rheumatic) pains may follow: Instead, apply it only about the front of the body, from the ribs to the hips, so as to avoid the spinal muscles, and cover with a dry flannel to protect the bed clothes; it will then well serve its purpose.

Treatment of the rheumatic pains can be summed up in a few words as any of the synthetical coal-tar remedies will suffice, when properly guarded against cardiac depression by strychnia in full doses; daily doses of one-twelfth to one-tenth of a grain are required. Morphine was

\*Read at a social meeting of the staff,  
May 4, 1895.

this winter but rarely used for this symptom, as it only seemed to postpone recovery. This, of course, was intended for severe pain, but, when fever was marked and the former absent, then I depended on sponging and wet packs. One case was wrapped for nearly an hour in a wet sheet, surrounded by blankets and with a happy result.

For the peculiarly neuralgic cephalalgia this formula, made into a compressed tablet, was much used and invariably gave relief:

R—Natri brom.....gr. v.  
Caffein. Citrat.....gr. ss.  
Acetanilid.....gr. i.  
Ext. Hyoscyam.....gr. ss.  
Morph. Sulphat.....gr. 1-50

M. Sig: To take one tablet every 20 minutes for six times or until relieved. This gave more prompt relief than the Brown-Sequard or other neuralgic pill and made a less dangerous combination. When pain could be localized, then a rubber water bag filled with very hot water was of value, or relief was gotten from this liniment, well rubbed into the spot every four hours:

R—Menthol.....fluid drachms j.  
Liq. Opii Comp.....fluid drachms iv.  
Lint. Aconiti.....  
Lint. Belladon.,aa.....fluid drachms iij.  
Chloroformi.....fluid drachms vi.  
Lint. Terebinth.....fluid ounces j.  
Lint. Saponis q.s.ad.....fluid ounces iv.  
M. ft. Lint.

Not of minor importance in my cases were the gastric symptoms almost invariably present, but as these showed no variation from ordinary cases of gastro-intestinal catarrh, I need lay stress on but a few details of treatment: The calomel and soda powders, with a saline, were given at the start of all the cases, followed generally by the wet pack, after which salol and bismuth in small doses helped to improve the catarrh present. When the nausea failed to improve, however, this formula, compressed into a tablet and given every half hour for five or six doses, soon brought relief:

R—Creosoti.....m. ¼  
Cocain. Muriat.....gr. 1-20  
Cerium Oxalat.....gr. ij.  
Tr. Nucis Vom.....m. ¼  
M.

The depression usually existing

demanded free use of diffusible stimulants, and of these there was an ample variety. But it was noticeable that the catarrhal irritation of the gastro-intestinal tract often produced nausea whenever a milk-punch was taken and it was here that a native claret answered well.

The diet ordered each patient showed nothing peculiarly novel as, when milk disagreed, taken alone, then vichy water was added or cream and vichy substituted; so, also, curds-and-whey and fermented or peptonized milk was employed. By alternating between any of these and milk-punches or claret punches, some form of food or stimulant was regularly administered every two hours by day and as occasion demanded during the night. The gastric cases usually declined all food in the first 24 or 36 hours of the attack. Meat in its varieties and preparations was objected to in the acute stage by most patients.

When diarrhea was occasionally present it was easily controlled by copper arseniate in solution, gr. 1.100 being taken every half hour.

Mental depression complicated some cases and these, when gastro-intestinal symptoms were absent, responded favorably to a good dry champagne, the patient brightening up in a gratifying manner. Otherwise, nitro-glycerine was employed. And here I will add that some of our native wines equal for this purpose the more expensive foreign product.

Speaking broadly, it may be assumed that the cases treated in this epidemic proved of a milder type than in past years, but the vasomotor relaxation was marked by unusually severe and drenching perspirations. These occurred at irregular intervals and were controlled only by atropia sulphate, agaric and its alkaloid proving of but little avail.

As for the irritating dry cough present, nothing so promptly relieved this as frequent doses of cubebs or tereben, singly or combined. I am indebted to our colleague, Dr. Sinexon, for the formula which has been very frequently ordered by me and to great advantage: R: Tereben, 1

dr.; tr. cubebae, 2 dr.; syp. pinus alb., 1 oz.; spts. St. Croix. q. s., ad 3 oz.; M. Sig. One dessert spoonful to be taken hourly until expectoration is free and thereafter every four hours. The rum and syrup make the mixture at least bearable if not quite a palatable one, so that it may be allowed to trickle down the throat and produce an extra (local) action. The syrup is unofficial but, the formula being known, it is prepared in many Philadelphia shops. Each dose would represent gr. 1. 21 (3-64) of morphia sulphate, and a few minims of chloroform, thus requiring some caution in prescribing.

The subacute and chronic stages of the disease call for no peculiarities in medication and it is because of such fact that I shall dwell no longer on this phase of the subject.

In this outline of treatment, gentlemen, it has been my aim to show that we can avoid cumbersome methods, and if it shall draw out similar experience from my colleagues my object will have been attained.

#### DISLOCATION OF THE HEAD OF THE HUMERUS COMPLICATED WITH IMPACTED FRACTURE OF ITS ANATOMICAL NECK.

By JOHN B. ROBERTS, M. D., of Philadelphia.

A boy, 9 years old, was brought to my clinic at the Women's Hospital, on February 22, 1895, by Dr. Marie K. Formad on account of an injury to his left shoulder. About a week before Dr. Formad saw the boy professionally and ten days before I had an opportunity to examine him he had fallen at school and struck the shoulder against a wall.

He had been brought to the hospital two days before I saw him, and Dr. Anna M. Fullerton, with Dr. Formad, examined him under ether and reduced what seemed to be subcoracoid dislocation of the head of the bone. Both of these physicians were struck by the flattened appearance of the deltoid region, and say that the bone distinctly snapped into place during the manipulations

which they made. They could subsequently put the boy's hand on his head and on the opposite shoulder. These positions could not be given the bone before etherization and reduction of the dislocation. The shoulder had still, however, an unusual appearance, notwithstanding the reposition of the luxated bone. The case was accordingly referred to me.

When I saw him the acromion was unduly prominent. The left humerus was apparently half an inch shorter than the right, and the width of the upper end was markedly increased. The greater tuberosity, which could be easily felt, for the boy was not very fat, rotated when the lower end of the humerus was grasped and given a rotary motion. The head of the bone, which I could feel in its normal position, also moved during this manipulation. I felt at times a grating like that of crepitus, but this did not seem to pertain to the humerus so much as to the scapula. It seemed to be in the posterior portion of the joint; but I could make out no fracture of the neck of the scapula, as was suggested by the situation of the grating.

The boy could voluntarily move his arm upward and outward without pain, though these movements were made in a guarded and careful manner, as though he feared suffering. The movements were not very extensive, but showed that the continuity of the humerus was maintained.

Being unable to make a diagnosis without giving pain I etherized him. I then found that rotation of the lower end of the humerus caused similar motion of the head of the bone, but that if I held the head still with my left hand I could, by means of my right hand, holding the shaft of the humerus, cause a bending or rocking motion between the head and the shaft. This movement was between the greater tuberosity and the head. It was apparent that there existed a connection between the shaft and the tuberosity, and also between these portions of the bone and the head; but an antero-posterior rocking motion could be made between the shaft and tuberosity on the one hand and the head on the

other. There was no fracture of the neck of the scapula and no dislocation of the head of the humerus.

Three conditions were suggested by these symptoms: First, a firmly impacted fracture at or near the anatomical neck, which allowed the whole bone to move when rotary motions were given to the shaft of the humerus, but which permitted bending between the head and greater tuberosity. Second, a partial or green-stick fracture at or near the anatomical neck. Third, an epiphyseal separation of the head with impaction. The fracture, whether impacted or of the green-stick variety, had permitted the dislocation, which also existed originally, to be reduced under ether by Dr. Fullerton and Dr. Formad. The rigidity maintained at the seat of fracture had been sufficient to permit the head of the bone to be put in place by leverage obtained from the shaft of the bone. The manipulations needed to reduce the luxation were not forcibly made, and the replacement was easily accomplished. Hence, the fracture could not have been produced by these efforts.

The widening of the upper end of the humerus, which was very conspicuous, and the apparent shortening of the humerus, inclines me to the theory of impacted fracture. The age of the child suggested, however, a green-stick fracture as a possibility. By forcible manipulation I obtained complete separation of the fragments. The sensation imparted to my hands was that caused by disentangling or breaking apart two pieces of bone. Subsequently the arm assumed the usual appearance of a fracture of the humerus close to the shoulder-joint. The crepitus originally felt in the vicinity of the scapula was probably due to the rough edges of the firmly impacted fracture rubbing against the border of the glenoid cavity. Having become convinced of the diagnosis, and having restored the proper conformation of the shoulder, I dressed the injury in the usual way—with a small pad in the axilla and a bandage to hold the arm to the thorax, which acted as an internal splint. . . . Union took

place promptly. When I last saw the boy, about eight weeks after my first examination, there was a little unnatural prominence of the acromion, and the head of the humerus seemed to project forward a little more than usual. These appearances may have been due to atrophy of the deltoid. The movements of the joint were perfect.

#### GONOCOCCI IN THE VAGINAL SECRETIONS.

Buttner in the space of three months examined 54 prostitutes of Dorpat, to ascertain whether or not they were affected with blennorrhagia. Of these 32 were subjected to a semi-weekly examination through the speculum; the other 22 were encountered in the hospital. Of these latter, in only six did microscopic examination show the presence of a blennorrhagia. In 11 of the remaining 16, or 68 per cent., bacteriologic examination showed the presence of the gonococcus in the vaginal secretion and the same result in nine, 28 per cent., of the prostitutes registered by the police. Among the prostitutes under treatment in the hospital, Dr. Buttner made a separate examination of the vaginal secretion, the cervical mucus and the secretion from the urethra. In the 11 women with manifest blennorrhagia he never found the gonococcus in the vaginal secretion. This microbe was found six times in the cervical mucus and the urethral secretion at the same time; four times in the secretion from the urethra only; once in the cervical mucus only. The author concludes that the examination of prostitutes as it is practiced at present does not give sufficient basis for the establishment of a certain diagnosis.—*Journal American Medical Association.*

A French medical authority asserts that death caused by a fall from a great height is absolutely painless. The mind acts very rapidly for a time, then unconsciousness ensues.



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## THE PRESENT STATUS OF RECTAL SURGERY.

The modern progress of the surgery of the anus and rectum has not kept apace with that of the proximate organs, the urethra and bladder; nevertheless, though this is true, a marked advance has been made on many lines.

Iliac colotomy, or colostomy, for malignant obstruction has been a decided gain over the deep lumbar incision.

Rectal illumination, by the tiny incandescent light, has made possible complete ocular exploration, as far as the sigmoid flexure; and without doubt in properly selected cases Kraske's operation is a valuable one.

The local use of cocaine solutions on the surface and hypodermically in itself marks an era in ano-rectal surgery.

Surgeons are not yet in accord on the most satisfactory, safe and simple methods of treating hemorrhoids and ischio-rectal fistulae. In the Medical Press and Circular for April 10, 1895, a Mr. Swinford Edwards, in reviewing the subject of ano-rectal diseases, credits America with being the first place in which carbolic acid injections were adopted in the treatment of piles. The writer expresses a preference for this line of action, and says that "it causes little or no pain and no risk to life." This is certainly a most extraordinary statement, for we have met with cases in which the phenic-acid injection was employed, followed by the most agonizing distress, consecutive ulceration and exhaustive hemorrhage.

Digital manipulation, twisting, crushing and destruction of the hemorrhoidal tumors is spoken of as barbarous and rough. But the writer evidently never employed this method, and is, therefore, influenced by a preconceived prejudice, for of all radical hemorrhoidal operations it is entirely painless; there is no cutting or mutilation of tissue or danger of systemic poisoning, as there is when a corrosive toxic agent is immediately injected into the tissues.

Finally, it should not be forgotten that anal varix is an exceedingly common pathological condition which seldom calls for radical measures.

Simple, local expedients, with constitutional treatment, should always antedate operative interference, and this latter should generally be of that character which is not attended with grave dangers, produces no systemic shock and is permanent in its effects.

## DR. WILLIAM B. ATKINSON HOLDS THE FORT.

At the late meeting of the American Medical Association a quiet but determined effort was made to displace the secretary, Dr. William B. Atkinson.

The move was something in the nature of a surprise to many of the members, and when the word was

passed along the line that the veteran secretary was to be decapitated a formidable opposition was developed, the force of which made itself felt in an unmistakable manner when the time came to vote on the question.

Dr. Atkinson had for 31 years served the Association with honor and fidelity, in that long space of time, never missing an annual meeting, whether convened on the shores of the great lakes on the North, or the gulf on the South, on the Atlantic or Pacific seaboard. No one ever questioned his integrity or sincerity. But he has the misfortune to be advancing in years and cannot well adapt himself to the new-fangled notions of modern theorists; and, hence, must be sacrificed. The scheme to displace him moved smoothly through the nominating committee, which dropped him, and, recommended another candidate.

In the past it has been practically an unwritten law for the main body to accept, without hesitation, the roster of this committee. It was soon evident, however, in this case, that an exception was to be made.

Immediately on the submission of the report a motion was made to substitute the name of Dr. Atkinson for the one offered. Now, Dr. Osler took the floor and charged Dr. Atkinson with incompetence. His remarks were met with such derisive opposition that he was induced to make some intemperate remarks, reflecting on the whole Association.

This speech most effectually destroyed whatever hope remained for the new candidate, and was quickly followed by a scathing rejoinder from the veteran, Dr. Isaac N. Quimby, of New Jersey. He made a masterly argument for the old secretary, and strongly hinted that Dr. Osler might "do some sweeping before his own door;" that as the chairman of the Committee of Arrangements he was a signal failure and though a member high in his profession, he had done but little yet for the American Medical Association. Dr. Atkinson, as he should be, was re-elected by a large majority.

It certainly is important and necessary that we have an active and com-

petent secretary, though until we have more proof than any that has come forward yet we are convinced that we may do worse than support the member who has given us the best years of his life.

Increasing vigilance is imperative to preserve the national association from disaster and disintegration. The spirit of quackery has a strong grip on many in our times who regard the enforcement of any code as a galling yoke, and yearn for the time that they may be free to consult with the horde of charlatans and irregulars that infest our country. To capture the secretaryship would be to open the way. The attempt has been signally defeated and the American Medical Association has once more proved that it is yet sound on medical morals.

#### OUR TRIP TO THE SOUTH.

BY DR. J. B. CLAUSEN.

"This train for Wilmington, Baltimore, Washington and the South; Wilmington first stop." These words of assurance to the timid travelers and of warning to those who do not always heed Davy Crockett's advice, "be sure you're right then go ahead," had scarcely echoed through the train before it moved slowly out of Broad Street depot, out over the elevated extension, and was soon speeding toward the land of the palmetto and cotton plant. Yes, and of the pine, for one object of our trip was to stop at that fast-growing popular health resort, Southern Pines, N. C., though our final destination was Atlanta, Ga.

It is needless to say anything in praise of our own "Pennsy" or of the trip from here to Baltimore. Suffice it to say that we left the train there and took passage on one of the magnificently appointed steamers of the Old Bay Line, and were soon gliding over the placid bosom of the beautiful Chesapeake en route for Portsmouth, Va. With every provision made for your comfort, nothing can be more delightful than this trip down the bay. With everything to tempt an appetite already freshened by the purer, bracing air, with every-

thing to make pleasant the enforced leisure of being "aboard ship," and with attendants whose politeness seems to anticipate your every need, there is left room for but one regret, and that is that this ideal existence cannot last longer. But as in this life all things, especially pleasant things, must soon come to an end, so does this most charming miniature voyage, and Portsmouth is reached only too soon. Here we are transferred from perfection of travel by water to perfection of travel by land; a fact that all must admit who have traveled over the Seaboard Air Line to the capital city of Georgia or intermediate points. A well-ballasted roadbed free from dust, rolling stock that will compare favorably with the best in the North, fast time and courteous attendants and officials, all combine to make travel by this road anything but unpleasant, while the beauty of the country through which you pass is a source of never-ending pleasure. After a few hours run we reach Raleigh, the capital city of North Carolina, and the head centre of the old Southern aristocracy. Everything about this old and beautiful city is suggestive of the South "befo' the war, sah," and nowhere south of Mason and Dixon's line are memories of the lost cause more deeply cherished. This sentiment has lately found expression in a colossal monument recently erected at the western entrance to the Capitol Square, and which will be unveiled on the 20th of this month. The monument, which is of Mt. Airy granite, is 72 feet 6 inches high, and is surmounted by a bronze figure of an infantryman in light marching order standing in an easy attitude, with musket lightly clasped with both hands. The statue is 10 feet high and weighs 2500 pounds. In addition to this figure there are two others, about half way up the shaft, and facing in opposite directions. One is that of a cannoneer with a rammer in his hands, and the other that of a cavalryman, dismounted, in a spirited attitude, with sabre half drawn. These two figures are life size and, together with the one that surmounts the monument are studies

from life, the models being veterans now living in Raleigh. On the base are circular bronze medallions, with the seals respectively of the Confederate States and of North Carolina. The entire design is remarkably fine, and is set in relief against the massive building in the rear, while it directly faces a noble vista of avenue. The cost of the monument was something over \$25,000. Raleigh possesses many beautiful residences, churches and public buildings and, aside from these, there is much about the place to interest a visitor from the North.

Again we board a train on the Seaboard Air Line, and after a run of some 60 odd miles find ourselves in the sand-hill region of North Carolina, and later enter into the pine belt, in which is situated Southern Pines. A few miles further and we are there, and have decided, long before we reach the hotel, that the place is well named. Pines there are everywhere, and even were you unable to see them the balsamic odor that permeates the atmosphere would bear evidence to their presence. As to the healthfulness of Southern Pines there can be no question. Nature has provided it with a perfect system of underground drainage, for so deep is the sand that the most delicate invalid may venture out immediately after a rainstorm without fear of returning with wet feet. The air is pure and dry and laden, as we have intimated, with balsamic odors. It should be, as it is rapidly becoming, the Mecca for people suffering from pulmonary complaints. There are a number of pretty cottages here, and several hotels, but new hotels are badly needed, while better management is needed for those already here. While little fault could be found with the rooms at the hotel at which we stopped, the cuisine was simply abominable.

Under these unfavorable circumstances we made but a short stay at Southern Pines, but hurried on to more comfortable quarters at Atlanta, Ga., which we found busily preparing for her great Exposition, to be opened in September next. Of

this beautiful and thriving Southern city we have already written, and of the Exposition to be shortly held there we hope to have the pleasure of writing, so we will only add here that it will certainly pay those who can possibly make it convenient to do so to visit Atlanta in September next.

Of our return trip we shall say nothing at this time, while lack of space forbids our referring to many pleasing incidents on the out trip. One, however, we can't forbear to allude to. As you have probably noticed, people, when away from home, are very apt to throw aside its restraints. This gives the observant traveler a good opportunity for the study of human nature, and, if he is of a humorous turn of mind, he will see much to affect the risible muscles. As we have already intimated, this trip was no exception to the rule in this respect, and now for the particular case referred to. In our party was the popular pastor of a prominent church in one of our Northern cities. In his possession was a handsome umbrella, the gift of his parishioners, particular attention to which had been called by the clergyman's fondness for displaying it to every new acquaintance. Our reverend friend, one of the genial sort, determined on reaching Atlanta to see the sights, and all of them. To the accomplishment of this laudable purpose he allowed no old-fashioned notions of the fitness of things to stand in the way; for evening found him comfortably seated in the most popular theatre of the town, and, as subsequent events proved, under the glamor of a pair of sparkling eyes. At all events, sparkling eyes with their necessary accompaniments found for some time a large place in the doctor's thoughts and conversation. All pleasantly retrospective, until, all of a sudden, a terrible reality dawned on the pastor's somewhat muddled intellect—he had lost his cherished umbrella. Bright eyes were lost sight of in the thought of necessary explanations, and all his efforts were bent to the recovery of that umbrella. But efforts and inquiry were alike unavailing, and all

that the popular pastor had to console him for his loss was the memory of a pair of sparkling eyes, a memory, alas! now robbed of much of its sweetness. In conclusion we beg to repeat our foregoing advice—visit Atlanta next September.

#### A NEW PHASE OF MEDICAL CHARITY.

The last issue of the New York Medical Record considers editorially and pertinently a new phase of medical charity which will be indorsed by those men of experience in hospital work who know what these so-called charities mean. At a recent anniversary of one of the large and needy hospitals in the millionaire district of this city a speaker filled with enthusiasm for the benefits of the present hospital system is reported to have said that one of its greatest boons was the saving of expense to the rich man. In proof of such an unjust and outrageous claim he bolstered his statement by comparing the items of expense when a patient was treated at an ordinary hotel by his regular medical attendant with those in a well-equipped charity institution supported by the liberal contributions of a Christian organization. Instead of a daily expenditure of \$5 for hotel accommodations, \$5 for a trained nurse, \$5 per visit for the physician, and \$5 more for the board of the nurse, not to speak of the cost of the medicines from an expensive pharmacy, the patient who entered the hospital in question needed only to pay for his board and a private room. All other outlays were unnecessary and were included in the one item named. Naturally in this connection we think of the physician, who is the only one whose services are virtually considered of no account. The high price of the room added to the donations of the charitable enable the hospital to make a handsome profit, even including the general expenses for nurses, medicines, instruments and dressings. The attending physician or surgeon, who might be looked upon as the real personage who makes any hospital what it is, is not only en-



tirely ignored, but a deliberate attempt is made to swindle him and his outside associates in attempts at gaining a legitimate livelihood. It would appear from all this that the evolution of medical charity is distinctly in the direction of eliminating the doctor. Another step in this direction would be for hospital managers to go into the wholesale proprietary medicine business and prescribe remedies on their own account free of cost to the patients. Why should not money be invested as well and as profitably in medical charities and millionaire clinics as in railroads, wheat and mining stock? The men who run the hospitals can command all the needful capital on the hypocritical plea of charity to the poor, can obtain medical services free, can build magnificent edifices, endow beds for cast-off servants, beg for church subscriptions, and what is to hinder them from running the medical charity business entirely in their own interests? They are doing it all the time, though less openly than the distinguished speaker in question has so frankly admitted.

## Electro-Therapeutics.

IN CHARGE OF

DR. S. H. MONELL, New York.

### OBSERVATIONS ON SOME CHARACTERISTICS AND RELATIONS OF THE DYNAMIC AND STATIC FORMS OF ELECTRICITY.

BY A. D. ROCKWELL, M. D., NEW YORK.

Presented before the Neurological Section of the Am. Medical Association.

The more thoroughly one studies electro-therapeutics in all its relations—medical and surgical—the clearer it becomes that the real scientific basis for the use of electricity in medicine and surgery is found in electro-physics more than in electro-physiology; and, therefore, in study-

ing the therapeutic characteristics of electricity, and the relation of its various forms to each other, one cannot be too well grounded in the laws of electro-physics.

One of the most perplexing questions to the tyro in electro-therapeutics relates to the differential indications for its use, but if one is well-equipped with a knowledge of physics and with a well directed clinical experience, the various special problems that arise in practice, whether of a theoretical or a practical character, very quickly resolve themselves. Often in discussing the subject with members of the profession, more or less interested in electro-therapeutics, I have noticed a manifest tendency to use one form of electricity to the exclusion of the others, and an especial tendency among some to discard the faradic current, in favor either of galvanic or static electricity.

The contention is, on the other hand, that its quantity is so small as compared with the current direct from the cells, that to mechanical influences alone must be attributed whatever beneficial effects follow its use, and on the other that its nutritional effects are inferior to the static form of electricity because of the tremendous electro-motive force or voltage of the latter. Broadly speaking, seeing that static electricity is all voltage with little amperage or quantity and that the galvanic current is all amperage with little voltage—while the faradic current occupies a position between the two—there are in these conclusions a manifest contradiction. The truth is that each has, in some respects, a special field of its own, and not one of the manifestations of electricity can be dispensed with, if one expects to get all the results that it is capable of giving. In regard to the faradic current, therefore, it has been urged that other mechanical methods—massage, tapping—and contrivances for producing rapid vibratory movements are equally serviceable. Those, however, who hold these views have but a very incorrect appreciation of the true action of the faradic current and have certainly fallen far short of

completeness in their practical experience with it.

Many years ago, when I first began to use electricity in practice, my efforts were of necessity confined to the faradic current. Galvanic apparatus were not obtainable, and whenever it was desired to use the galvanic current one had to resort to the inconvenient and ill-smelling voltaic pile. This necessity was not altogether without its advantages, however, since it for the time being relieved me of the somewhat perplexing problem of current differentiation and enabled me to give undivided attention to the faradic current. One of the most common observations as to the effects of a thorough general application was a relief of muscular tire after prolonged activity, and an increase in the flexibility of limbs that had become sore and stiff after the rest following excessive and unaccustomed muscular exertion. One does not have to search far for a rational explanation of these well known effects of electricity, although at the time a general want of appreciation of the physical characteristics of the current gave to most of the explanations offered a fanciful rather than a scientific and practical basis.

Mechanical influences were undoubtedly predominant, not, however, as manifested by vigorous muscular contraction, but through molecular agitation, sufficient to give passive exercise to both the superficial and the deeper lying tissue. In these cases we get, associated with cell exhaustion, a condition of circulatory sluggishness with a deposit of the toxic products of metabolism, conditions which are well adapted to appreciate the corrective and exhilarating effects of molecular agitation.

It is on this self-same principle that the faradic current is now applied with such admirable results in chronic congestions and indurations of the uterus and affords such instantaneous relief in some of the simple non-mechanical varieties of dysmenorrhea. The blood flow in the over-congested organ is accelerated. A sort of circulatory drainage is established and a healthy local action

more quickly and effectually brought about than by any known method. If, therefore, we obtained from the faradic current effects that were simply mechanical and nothing more, we would still find it a very good thing to aid us in our therapeutic efforts. We do not get from it, to be sure, any marked chemic, or endosmotic or exosmotic effects, but we do get physiologic effects of the most pronounced character, and as the physiologic effects of electricity take place in living tissues alone, while all other effects are observed in the dead as well as the living—in inorganic as well as organic substances—these physiologic effects are of chief concern to us as physicians in the consideration of the nutritional effects of electricity. We find then that this current accelerates the circulation, influences the secretory and excretory processes of the body and hastens absorption. To what extent these physiological effects are of mechanical origin no one I am sure is yet quite prepared to say, but the results which follow this method of treatment render it reasonably certain that we get upon the nerve structure itself, together with mechanical effects, influences of an entirely different character.

The claims made as to the advances in electro-therapeutics during the past few years are large, perhaps too large, but yet in some directions—especially in the realm of gynecology—much has been accomplished. Interstitial electrolysis as suggested by Gautier is a method of considerable interest, and, although it may not fulfill the expectations of its author, yet some promising results have been reported, and more may be hoped for. By this method the chemic action of the positive pole is utilized, not only for its effects upon the tissue itself, but upon the metal electrode, mainly copper or zinc, that are applied directly to, or inserted into the diseased part. In this way new salts are formed and deposited in the tissues, oxychlorid of zinc when zinc, and oxychlorid of copper, when copper electrodes are used. It is the cataphoric property of the current, however, which car-

ries or forces these salts, the product of electrolytic action, through the surrounding tissues to a greater or less depth, according to the strength of current and length of treatment. The technique of this treatment cannot be entered into here, further than to say that the positive pole is always the active pole, and that the necessary current strength is from twenty to forty ma. The best results seem to have been obtained in diseases of the endometrium, although the method is applicable to various other diseases of the uterus and appendages.

Another advance in the utilization of the galvanic current is by what may be termed the depolarizing method. In 1892 I described the depolarizing electrode, with experimental observations, and in 1893 some suggestive clinical results following the use of the method in various forms of disease. Briefly stated, the idea is to altogether eliminate either one or the other pole, according to the indications for treatment. By using an electrode with resistance in ohms equal to or greater than the resistance offered by that portion of the body between the electrodes, the neutral point is thrown outside the body, which may, at will, be brought under the influence alone of either the negative or positive pole.

It would not have occurred to me to consider the possibility of any special therapeutic effect being associated with this simple and well-known fact of electro-physics had I not been led to make some experiments that revealed a number of exceedingly interesting and suggestive phenomena—and quite new so far as I can find out—in the realm of electro-physiologic experimentation.

If two needles connected with either pole of a galvanic battery are thrust into a piece of raw beef and a current of sufficient strength allowed to pass for a few minutes, litmus paper applied at the point of entrance of the positive pole shows the regulation acid reaction and at the negative pole an alkaline reaction. If now we intercalate on the negative side a properly constructed elec-

trode having a resistance sufficient to throw the neutral point outside the body, a very different condition of things is seen. At the positive pole the same strong acid reaction is obtained, but under the negative pole there is little if any observable reaction. On testing the liquid, however, inside the electrode—the seat of the neutral point—the alkaline reaction is obtained, the same as at the point of contact on the body when the ordinary electrode is used.

The most interesting experiments, however, were those made on the legs of a frog, which, as is well known retain their irritability to stimuli for a long time after death. If after decapitation, the hind legs of a frog are subject to the influence of either the positive or negative pole by the use of ordinary electrodes, the changes in irritability are imperceptible. If, however, they are subjected to the influence of the positive pole alone, the action of the negative pole being eliminated in the usual manner, the muscles of the thigh will exhibit very decided diminished irritability. If, on the other hand, the action of the positive pole is eliminated, and the limb is subjected to the action of the negative pole, we get the characteristic phenomenon of cataleptotonos or increased irritability, and the muscles readily respond to current much weaker than when they are in their normal condition. Even more interesting and suggestive than these experiments were those relating to the modification of nerve irritability by ascending and descending currents, proving conclusively that used after the depolarizing method the direction of the current is an essential factor in its action.

These phenomena and various others, are all readily verifiable, and for a more detailed account I refer to former articles.\*

Utilizing the suggestions offered by these interesting physiologic observations, I have not infrequently found it possible to favorably modify and even permanently relieve various conditions that formerly were not re-

\*See New York Medical Record May 14, 1892 and May 6, 1893.

lieved by the ordinary methods of application.

So far as the faradic current is concerned the great utility of currents of high tension when applied through low resistance in the human body, and especially by the bi-polar method, cannot be over-estimated. As an analgesic in uterine and abdominal pain when passed through the low resistance of the mucous membrane these induced currents of tension are of the greatest value, but so far as outward applications of the faradic current are concerned, I doubt whether we have made much practical advancement, either in the methods of application or in the efficiency of apparatus—and in saying this I do not forget the alternating sinusoidal current introduced into electro-therapy by D'Arsonval, the essential nature of which is that it has a uniform rise and fall of potential from zero to the maximum and back again in both directions. For this current it is claimed that it possesses greater penetrating power than the ordinary faradic current, and that less pain attends the vigorous muscular contractions that it produces.

My own experience, however, teaches me that the old continuous coil with its two-thousand feet of wire and its perfect rheotome attachment yields a current, the essential characteristics of which, as an aid to nutrition and for general tonic effect when applied externally, has not yet been surpassed. It has always seemed to me that the most important thing in the use of electricity in medicine, the fundamental idea upon which all its therapeutics is based, is its nutritional power. It is this idea which, in connection with Dr. Beard, I enunciated many years ago, and upon which I have based almost everything I have said or written upon the subject since. As to which of the various manifestations of electricity possesses the greatest efficiency in this direction, ideas will differ according to the extent and character of one's experience. Static electricity is undoubtedly a most valuable addition to our armamentarium. I could not afford to do

without it. No one who expects to meet the demands of all the varying idiosyncracies of the nervous system can afford to be deficient in the completeness of his electrical outfit. And yet the introduction and popularization of static electricity is responsible for a vast amount of unscientific and inefficient work in electro-therapy among those who confine their efforts to this form of electricity, with little knowledge of the subject in its entirety. With a magnificent static apparatus in all its pyrotechnic glory, set in motion and readily controlled by an electric motor, the treatment of a patient becomes the simplest and easiest thing in the world both for the physician and patient, and I should be glad to assure myself that it is the most efficient method of securing the tonic and nutritional effects of electricity. But after years of observation and comparative trial I regret that I cannot come to this conclusion. I regret it because it has the great advantage of ease and simplicity of application over the general use of the faradic and galvanic currents. For other reasons, however, it is not to be regretted. It would indeed be a misfortune if in order to obtain satisfactory nutritional effects from electricity, the costly static apparatus which few can possess was an absolute necessity. Static electricity must ever be considered as an adjunct, merely, to the dynamic form of electricity, and this truth will always be taught by those who combine both an honest purpose and a thorough, experimental knowledge along all the lines of electro-therapeutic work.

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#### THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The American Electro-Therapeutic Association will meet in Toronto, on September 3, 1895, and its Standing Committee on Electrodes is endeavoring to secure before that date the universal adoption of uniform connections, a standard gauge of screw throughout construction, and efficient, durable, simple and interchangeable electrodes.



## Surgery.

IN CHARGE OF

DR. T. H. MANLEY, New York.

### INTRAPARENCHYMATOUS INJECTIONS OF ALCOHOL IN THE TREATMENT OF UTERINE CANCER WHICH CANNOT BE OPERATED UPON.

By PROFESSOR VULLIET in the  
Nouv. Arch. d'Obst. et Gyn., October,  
1892.

Cases to be treated by injections of alcohol may be divided into two groups: 1. The cancer is at too advanced a stage to be removed by hysterectomy. 2. The cancer has been removed by hysterectomy, but there is reason to suspect infiltration of the adjacent tissues; also cases of return of the process after operation. In less advanced cases, and wherever removal of the uterus will entirely remove the cancerous growth, hysterectomy is always to be preferred. Vulliet's method consists in the injection of absolute alcohol into the parenchyma of the neoplasm and adjacent tissues. He reports four cases in which his treatment checked the loss of blood and seemed to arrest the progress of the disease. As regards the technique, he first secures asepsis of the vagina, cervix and cancerous surface by spraying these parts with a soda solution, followed by a 1-1000 bichloride solution, any fluid in excess being absorbed by tampons. As a usual thing, no anesthetic is given. The patient is placed in the genu-pectoral position, and two or three Pravaz syringes, filled with absolute alcohol, are put within reach of the operator.

The first injections are made in the centre of the neoplasm. In cases of scirrhus cancer the needle at once penetrates a hard, injectable tissue, but in encephaloid cancer a soft, friable tissue incapable of retaining the fluid is the first met with, and must be traversed to reach the normally resistant tissue. This reached, three or four drops of alcohol may be injected. Should a slight hemorrhage attend the insertion of

the needle, the alcohol should not be injected until the flow ceases. The first syringe is left in place, and a second, third and fourth injection made with as many syringes, after which they are consecutively removed; this will prevent the non-retention of the alcohol which often follows immediate withdrawal of the needle. In non-sensitive patients nine to twelve injections from centre to periphery of the neoplasm may be made, the last circle of injections being in the normal or apparently normal tissue surrounding the growth. As a rule this treatment is well borne, but exhausted, timid patients and those addicted to the use of morphine frequently are able to bear only one or two injections at a time. In such cases the treatments should be less severe, but at shorter intervals, or else anesthetics should be given. Vulliet would give an anesthetic once a month, and two treatments without anesthesia in the interval.—American Journal of Obstetrics.

### THE MURPHY BUTTON.

The invention of the button which bears his name by Murphy, of Chicago, has rendered the operation of intestinal anastomosis easy of performance, and has quite put the use of Senn's decalcified bone plates in the shade. The British Medical Journal, for April 20, contains the reports of three cases in which Murphy's button was used—by Morton, of Bristol; Murphy, of Sunderland, and Day, of Norwich. The first of these used the button in a case of intestinal obstruction due to malignant disease, a case which was further interesting as occurring at the early age of 27. Dr. Murphy's case was one of enterectomy for gangrenous intestine, following acute intestinal obstruction. It well illustrates one of the advantages of the button, for the time occupied in excising the gangrenous portion of gut, inserting and fastening the button, sewing the mesentery and securing the bleeding points, was four minutes and a half. The button was passed, per rectum, 19 days after the operation. Mr. Day's case was one of enterectomy.

tomy for intestinal stricture, and is interesting from the fact that it was 66 days before the button was passed, the longest time on record. It is interesting to watch the progress of intestinal surgery—bone tubes, bone plates, potato plates and rubber tubes have all been used in enterectomy; and the rapidity with which each method has given way to one more improved, and, better still, more simple in the performance, shows in a striking manner how truly and how surely the surgery of the abdomen and intestine is going ahead.—*Medical Times and Hospital Gazette.*

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## Medicine.

IN CHARGE OF  
Dr. E. W. BING, Chester, Pa.

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### ACUTE AND CHRONIC ANGIO-SPASTIC DILATATION OF THE HEART.

Dr. J. Jacob (*Centralblatt f. innere Med.*, No. 5, Feb. 2, 1895).—The author gives an account of a hitherto undescribed heart affection consisting in a transient dilatation of the heart, which, however, may become permanent from repeated attacks. The patient is attacked suddenly, or after slight prodromata—such as restlessness, fatigue and giddiness—by a rigor, sometimes accompanied by pains in the extremities or abdomen; at others by clonic spasms of the limbs. Cutaneous sensibility is diminished, and there may be complete analgesia. The face is pale, and the surface covered with sweat. The limbs are numb and heavy. Vision is hazy, the pupils are dilated, and there may be unconsciousness for hours. The patient has precordial distress, and respirations are frequent and deep. Cyanosis is rare; but in prolonged attacks there may be pulmonary edema. Sometimes there is a sensation of heart stoppage, at others of palpitation. In the one case the pulse rate may fall to 50; in the other it may rise to 200. The area of cardiac dullness is enlarged, and there may be pulmonary edema and albuminuria. The au-

thor describes the clinical features of the form with slow pulse, which brings the patient to a sudden standstill with labored respiration, sometimes with muscular cramp. In severe cases with cerebral anemia there is a sense of impending death with threatened unconsciousness, and the respirations become regular but rapid. This condition may last for hours or days, and then disappear with profuse sweating. The cardiac enlargement lasts about a week, the pulmonary edema and albuminuria ceasing first. Dilatation may not occur with every attack; but if the attacks are frequent it lasts longer, and may even become permanent. The production of this condition must be referred to one of three causes: (1) To disturbance of heart automatism; (2) to loss of balance between the heart cavities and vascular resistance; or (3) to undue stimulation or inhibition of the cardiac nerves. The author rejects the hypothesis of slowing of the heart having any causal relationship with cardiac fatigue and dilatation. Pulse acceleration, with its increased demands on the heart, would be a more probable hypothesis. The complex of symptoms will not fit in with disturbance of the *nervus accelerans*. The author lays stress on the hard, small pulse and initial rigor with more or less sudden remission as pointing to angiospasm. Arterial spasm, which spreads to the greatest part of the aortic arch, fully explains the cardiac dilatation. Treatment is discussed very shortly. The author finds his views borne out by therapeutic experience. Digitalis always fails. He recommends large doses of morphine subcutaneously 1-3—2-3 grain). It lessens the excitement of all the organs, especially of the vaso-motor centre, thus lowering blood pressure. Coldness of skin and other signs of angiospasm cease rapidly, and there is no concurrent depression of the circulation. Respiration and circulation soon become normal. Heart dilatation persists for a week, and the pulmonary edema for from three to four days. Even for threatened unconsciousness morphine is the best remedy. In the

treatment of the chronic condition carbonic baths take the first place; but they must be used with discretion.

#### ANTITOXIN AS PROPHYLAXIS.

Variot advises against the injection of the antidiphtheritic serum as a prophylactic means, as he has seen several children treated in this way show the following symptoms: Considerable rise of temperature, rapid pulse, prostration and disturbed heart action—the erythemas which may follow have frequently been pointed out. In consequence of these unpleasant symptoms and the fact that the immunity given by antitoxin is of short duration—not more than six weeks—Variot thinks that it is scarcely worth while to run the risks of preventing a disease which may not be contracted and which is besides capable of cure with the very means used as a preventive.—*Rev de Therap. Med. Chir.*

Aubrecht, of Magdenburg, has proposed the use of hot baths as a method of treatment in cases of cerebro-spinal-meningitis and has cured the disease by this means. It has also been efficacious in cases of simple acute meningitis. The baths are at a temperature of 32 R. (about 104 degrees F.), and the patient is kept in it for ten minutes. The improvement is marked—relief of headache, delirium, slowing and increase in volume of the pulse, lowering of temperature and increase of perspiration all take place. One or two baths are given per day and it seldom requires more than eight baths. The hot water acts as a revulsive—bringing the blood toward the surface and thus relieving the nervous centres.—*Rev. de Th. Med. Ch.*

#### HOW TO PRESCRIBE MURIATIC ACID IN DISORDERS OF THE STOMACH.

Huchard says that muriatic acid acts as an eupeptic and antiseptic. It is naturally indicated in all cases where there is ana or hypo acidity, that is to say, in chronic gastritis cancer—various pyruxiae, tubercu-

losis, cardiac affections with gastric symptoms, often in chlorosis anemia and neurasthenia. But the diagnosis must be carefully made to avoid giving acid where there is already an excess. It should be given for a period of three weeks and then discontinued for two weeks. It is an excellent antiseptic and anti-fermentative agent in flatulency.—*Bulletin de Therap.*

### Gynecology and Obstetrics.

#### APPLICATION OF FORCEPS IN OCCIPITO-POSTERIOR CASES.

Professor S. Tarnier (*Journal de Paris*, vol vii., No. 11).—He points out that spontaneous delivery may take place in one of two ways when the occiput is posterior: In one case the occiput undergoes a long rotation forwards so that an occipito-posterior is converted into an occipito-anterior case; in the other the occiput remains behind in the hollow of the sacrum, and if the perineum is yielding and the pains strong the head is delivered in this position, the posterior fontanelle being the first part of the child's head to be born. Supposing that the occiput does not rotate forwards and the head does not advance, an attempt should be made to rotate it forwards with the hand, and this can often be accomplished because the head still remains movable. If the occiput is to the right the left hand is introduced and the head seized, the thumb being placed behind the ear. The head is then rotated from right to left and from behind forwards, and the hand retained in position, because otherwise the occiput will again turn backwards owing to the fact that the shoulders have not rotated forward with the head. The right blade of the forceps should now be introduced, and after being placed in position is entrusted to an assistant to hold. By this means when the left hand is withdrawn the head is still retained in place. The left blade is then applied and the blades locked. On making traction further rotation

takes place as the head descends. When the occiput cannot be rotated forwards by the hand he recommends the following plan: The blades of the forceps are applied in one of the oblique diameters of the pelvis; so that if the occiput looks to the right sacro-iliac synchondrosis the left blade is opposite the left sacro-iliac synchondrosis and the right one opposite the right obturator foramen. When the forceps are in position the first thing to do is to flex the head, and this can often be accomplished by pulling on the traction rods. If in spite of this traction the posterior fontanelle still remains high up and difficult to reach, the handles of the forceps should be carried forward, at the same time that the traction is maintained on the crossbars. The head will thus be flexed, and the next thing to do is to aid rotation. This can be done by making the handles of the forceps describe a wide arc of a circle while traction is being made. The occiput having thus been rotated forwards, it will be seen that the concavity of the forceps now looks towards the hollow of the sacrum. If the perineum is resistant it is best either to take off the forceps and reapply them, or to allow the head to be expelled by the uterine pains after the blades are removed. If the pains are inefficient a manœuvre described by Ritgen may be employed, which consists in introducing a finger into the rectum and pressing on the forehead. In some cases, according to Tarnier, it is not necessary to remove the forceps, and by carrying the traction rods upwards and forwards the danger of cutting the perineum with the points of the forceps is obviated. He concludes by alluding to the fact that the manœuvre which is in France associated with the name of Ritgen was really first described by Smellie.

#### TWIN TUBAL PREGNANCY—RE- TENTION OF FETUS FOR FIF- TEEN YEARS.

M. Folet, of Lille, communicated to the Academy of Medicine on the 12th inst. details of the above extraordinary case. His patient is a woman now aged 49 years, who, having

previously given birth to four children at full term, became, sixteen years ago, again pregnant. When the pregnancy had reached the ninth or the tenth month symptoms simulating labor occurred, blood and membranes being expelled, and the hemorrhage persisting for six weeks. This strange occurrence led to the belief that no pregnancy had really existed. The abdomen remained, however, voluminous, but for fifteen years nothing further happened to disturb her until a year ago, when repeated attacks of peritonitis determined her admission into the Saint-Sauveur Hospital, Lille, where laparotomy was decided upon. The operation was laborious on account of the presence of numerous adhesions of the foetal sac to the intestines. The sac was, nevertheless, excised almost entire, the too adherent fundus only being left in situ and stitched en collarete to the lower part of the abdominal incision. Recovery was complete in six weeks, no accident having occurred to retard it. The sac contained two fetuses—one which had at its death attained the age of two or three months, and the other which had reached the full term of nine months—a phenomenon which is so extremely rare in tubal gestation that only six or seven examples are recorded. The foetus exhibited at the Academy by M. Folet was not a lithopaedion. Its tissues were supple, non-calcified, but were, nevertheless, as dense as coked bacon. With the exception of certain alterations undergone, the tissues had retained their structure recognizable by the naked eye and under the microscope. The peculiar lardaceous degeneration above mentioned will be further investigated by Dr. Curtis, professeur-agrege of Pathological Anatomy at the Lille Faculty.

#### SYMPHYSIOTMY.

Professor Leopold gives (*Annales de Gynec. et d'Obstet.*) the following conclusions as regards symphysiotomy:

1. Symphysiotomy, as formulated by Morisani, is a great clinical victory. But the operation should not



be vulgarised. For the dangers it bears with it are very real, and in consequence it cannot replace perforation or even version with the general practitioner.

2. Primiparae should not be subjected to symphysiotomy

3. As regards the future state of women operated upon, there is as yet no time to pronounce definitely.

4. Hemorrhage and vaginal lacerations command great prudence, and affect the after-treatment.

5. As a rule symphysiotomy is applicable to pelves of from 7.5 to 6.5, or perhaps 6 centimeters in the conjugata vera. These cases should be sent to the clinics. A general practitioner under the same conditions should think of the mother and perform perforation.

6. In contracted pelves of 7 centimeters, if the medical man is consulted in time, premature labor should be induced. If too late for this then let the labor proceed naturally, keep the membranes intact until the external os is fully dilated. If the labor does not end naturally it is still possible to deliver children of good size at term with success, by version and immediate extraction if the following conditions are present: Membranes intact, complete dilatation, and the use of Walcher's position. (The patient has her legs hanging over the side of the table).

7. Exceptionally with these latter conditions all present and favorable, if version and forceps at the brim do not give any hope of effecting delivery, symphysiotomy may be used with these diameters.

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## Miscellany.

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### A MEDICO-LEGAL INNOVATION.

In order that the law students of Odessa may acquire a practical insight into legal medicine they are compelled to attend all autopsies ordered by the judicial authorities, and Professor Korsch has received instructions to afford all the necessary explanations. It is evident that

the future lawyers and judges cannot but derive benefit from a *de visu* acquaintance with the fundamental processes on which forensic medicine is based.—*Journal de Medecine de Paris*.

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### A FATAL CASE OF HYDROPHOBIA.

M. Proust has brought to the notice of the Superior Council of Hygiene the peculiar case of a man who died at the Broussais Hospital, after three days' suffering, from unmistakable hydrophobia. It seems that the deceased has been bitten three months previously by a dog suspected of rabies, and that he had at once been taken to the Pasteur Institute, where he underwent the full antirabic treatment. In face of a case like this it is evident that every effort should be made towards the stamping out of the disease by means of a careful and systematic supervision of all dogs. (Undoubtedly prevention is better than cure; and even if the Pasteur method were infallible, which seems to be open to question, it would still be desirable to suppress the *fons et origo mali*.)—*Provincial Medical Journal*.

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### MILK FOR INFANTS.

Much as cows' and women's milk may vary in composition among themselves, as may also that of the same individual at different times, the essential distinction between the two milks lies in the larger percentage of casein in that of the cow and in the tougher consistence of the coagulum produced by the gastric secretion. The latter defect is to some extent overcome by malting, and the former may be adjusted to the infant's digestive powers by diluting the milk with water or by dividing the milk into two portions, coagulating the casein in one with rennet, removing the curd, and mixing them again. The former is open to the grave objection that dilution reduces the fat and the sugar, neither of which were in excessive amount, equally with the casein, and, though milk, sugar and cream may be added,

cream itself contains very uncertain proportions of fat and cannot again be perfectly incorporated with the milk, the fat globules having to some extent coalesced. In the latter process the proportions of fat and sugar are undisturbed; but it is tedious, and the tendency of the milk to "turn" is increased. Gaertner has recently taken advantage of the action of the centrifugal separator to retain in a diluted milk the full percentage of the fat. Fifty litres of fresh milk and the same of water are poured into the separator, which is made to revolve at such a rate that the two outgoing streams shall be equal. The separation of the fat is thus incomplete, and a large proportion of the watery solution passes out with it, the percentages of casein and of fat being in the original milk, say 3.6 and 3.5, in the diluted 1.8 and 1.75, and in the cream and separated, or rather in the rich and poor milks, respectively 1.8 and 3.3 and 1.8 and 0.2, those in good nursing mother's milk being, according to Pfeiffer, of Wiesbaden, 1.7 and 3.1. If, then, milk sugar be added in the proportion of 3.5 grammes to the litre the composition becomes identical with the very richest human milk. An incidental advantage accruing from the centrifugal rotation is that the rich milk is completely freed from the suspended particles of dung, dust, etc., which in virtue of their greater specific gravity gather round the sides of the drum, forming a scum, which is fatal to young pigs. These particles are the chief vehicles of the microbes which set up putrefactive changes in a fluid which, though unstable, is absolutely germ free and aseptic as it issues from the breast or udder, and to this difference many of the evils of artificial feeding are doubtless due. Gaertner's, if not actually sterile, is more easily sterilized than other milk.

#### THE ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

We learn with much pleasure that Dr. John B. Murphy, of Chicago, is to be among the specially-invited

guests of the British Medical Association, which holds its annual meeting this year in London.

Dr. Murphy is in every way qualified to represent American surgery, and is a living example of the prospects before any member of the profession, who has earned his advancement by honest and original work, for never, in the history of our country, has one in the medical profession, at his early age of 35, attained to his world-wide eminence. We feel confident that our British brethren will extend to him a most cordial welcome, worthy of him and the profession he represents.

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A permanent national organization of the various State medical examining and licensing boards was effected at the American Medical Association meeting, May 9, 1895, at Baltimore, Md. Officers were elected for the ensuing year as follows: W. W. Potter, M. D., president, Buffalo, N. Y.; J. M. Hays, M. D., vice president, Greensboro, N. C.; B. M. Griffith, M. D., secretary, Springfield, Ill. Committee to draft constitution and by-laws: Charles McIntyre, M. D., Easton, Pa.; W. W. Potter, M. D., Buffalo, N. Y.; N. Payne, M. D., Albany, N. Y.

The purposes of the Association are to establish a uniform schedule of requirements for all medical colleges and examining boards, and assist in perfecting a method for higher medical education.

B. M. GRIFFITH,  
Secretary.

Springfield, Ill., May 27, 1895.

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#### KOLA NUTS.

Any of our readers may obtain from Frederick Stearns & Co., Detroit, Mich., two kola nuts for curiosity, or for planting by sending their names, mentioning this journal. We have received two of these nuts and advise any of our readers to try the experiment of raising a kola tree. The tree is fairly hardy and after it is started will live out in mild climates north of its natural habitat.

## AN ANTITOXIN FOR CARCINOMA.

In the last number of the *Deutsche Medicinische Wochenschrift* Professor Emmerich and Dr. Scholl, of Munich, publish the results of experiments on the treatment of carcinoma by a new antitoxin. Through the researches of Neisser, Fehleisen and others it has become known that carcinoma is influenced for the better by erysipelas. Professor Emmerich now states that this influence depends on changes in the blood produced by the cocci of erysipelas, and he accordingly makes use of the blood serum of animals who have been previously affected with that disease. His mode of proceeding is to inoculate sheep with cultures of the cocci of erysipelas, and to abstract blood when they are in the stage of convalescence. The blood is then passed through Chamberland filters in order to remove the cocci, and finally put up in little tubes of ten cubic centimetres each. With this blood daily injections are to be made into the tumors—from 1 to 4 c.c. for small growths, and from 10 to 25 c.c. for larger ones. The patients treated in this way did not complain of any pain, the temperature did not rise above 38.5 C., and no other complications were observed. In nearly all the cases the general state of the patient became better and the tumors diminished. Professor Emmerich and Dr. Scholl say that they do not yet claim that their method is to take the place of operative procedures, but as very often an operator leaves small pieces of the tumor the injections would in those cases be capable of dispersing those pieces. They also say that they do not yet know whether their antitoxin is a general specific or whether it acts only against certain forms of cancer. Tubes with antitoxin can be procured from their laboratory, so that other medical men may try their method. As up to the present all specific cures for carcinoma have failed, the profession should be very guarded in forming an opinion as to the new remedy.—*Lancet*.

## INTRACTABLE GALACTORRHEA.

Van Tussenbroek (*Repertoire Universel d'Obstet. et de Gynec.*, February 25, 1895) describes an unusually bad case in which this troublesome disorder followed an abortion at the fifth month in a primipara. Emaciation set in, and, as no therapeutic measures were of any avail, the mammae were amputated. Microscopic examination did not explain more than might be expected, the glandular tissue being in a very active condition.

## NAVY CHANGES.

Changes in the medical corps of the U. S. Navy for the week ending June 1, 1895: Medical Inspector T. C. Walton ordered to examination preliminary to promotion as medical director; Medical Directors G. S. Beardsley, B. H. Kidder and W. K. Van Reyphen ordered as a board to examine medical officers for promotion; Medical Director N. L. Bates, Medical Inspector J. M. Flint and P. A. Surgeon J. D. Gatewood ordered as a board to revise the book of inspections for medical officers.

## PEROXIDE OF HYDROGEN.

BY J. P. PARKER, Ph. G., M. D., of St. Louis, Mo. Published by the *Annals of Ophthalmology and Otology of St. Louis, Mo.*, April, 1895.

I have used peroxide of hydrogen quite extensively for cleansing discharging ears, the nasal and accessory cavities, and have tried all the brands of the preparation in the market, and once thought one manufacturer's make as good as that of another, and bought the cheapest as a matter of economy, but recent experience has taught me that the difference in quality is greater than the difference in price. After an unpleas-

ant experience with a solution of peroxide of hydrogen which severely injured the mucous membrane, I bought and examined, chemically, a bottle of each preparation of  $H_2O_2$  in the market, and was surprised to find so much difference. Some are useless, and others worse than useless because they contain too little available oxygen and too much free acids (phosphoric, sulphuric, hydrochloric). I now order Marchand's (medicinal) exclusively because I find it contains the desired quantity of available oxygen and not enough free acid to be objectionable, and its keeping properties are all that could be desired.

By inquiry I learn that Marchand's is the preparation that is used by almost all surgeons, and it is considered by them the standard.

—My personal experience with peroxide of hydrogen confirms entirely the statement of Dr. J. P. Parker, I have used exclusively Marchand's brand until lately, when I experimented with hydrozone. Then I gave up entirely the use of peroxide of hydrogen and use hydrozone on account of its strength, which cannot be compared with any other brand, even Marchand's. I must say that the results which I obtained with hydrozone are most gratifying.

—Ed. T. & R.

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## Wayside Notes.

By E. B. Sangree, M. D., Philadelphia.

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In looking back over one's life probably the saddest reflection is for the time wasted, and the next saddest is over the time we really did work, but worked so badly that it was just about as well as wasted. The country schools that most of us went to had such indescribably bad methods that the mere recollection of those I attended rouses my gorge. I think I was about 6 when I made my first attempt at writing, and proudly carried the blotted sheet with those strange-looking charac-

ters up to the teacher, expecting praise. This villain, a burly, red-headed, bucolic boor, roared with laughter and turned the paper about so that the rest of the school could enjoy it with him.

My later experiences were not so maddening, but what was worse, were deadening; everything was mechanical. Spontaneity, individuality was frowned down. The pupils were all to be as nearly alike as it was possible to force them.

In the matter of reading, for instance, in one of my schools, our positions in the class were supposed to mark our abilities as readers. When a pupil made a mistake he had to go to the foot. A mistake consisted in mispronouncing a word or passing a punctuation mark too rapidly. Now, I have long since learned that these works have little or nothing to do with reading or expression, but all were commanded to pause and count one at a comma, two at a semicolon, three at a colon and five when a period was reached. And in order to avoid any mispronunciation or slurring of a word, our reading became less expressive than the "ma-ma" of a wax doll baby.

I was moved to these reflections by a study I recently took up, Rosenthal's method of studying German. Dr. Rosenthal is the author of the Meisterschaft system, which was so famous, but this method is much better than that, and so incomparably superior to any other method of studying a language that I look on the greater portion of the time I spent at college over Greek, Latin and German as practically wasted. I am inclined to think that if I had been blessed with a method like this when studying Latin the time I devoted would have been sufficient to enable me to speak it. I don't know that this would have done me any good; it is a lonesome language, but I might have talked secrets to myself in it. The peculiarity of this method of learning German is that it is agreeable, almost fascinating.

Instead of being work to take up the book, it is a pleasure, and when study is a delight then we learn.